

Office of the Illinois State Treasurer
Unclaimed Property Division
PO Box 19496
Springfield IL 62794-9496

REPORT OF UNCLAIMED PROPERTY FOR SAFE DEPOSIT BOXES

Failure to complete this report in its entirety will result in an incomplete report which may result in fees and penalties.

A. MAILING ADDRESS:

C. TYPE OF REPORT BEING FILED:

- ☐ First Time Filing
☐ Supplemental
☐ 20____ Annual Report
☐ Other:_____

B. REPORT BEING FILED FOR:

D. MERGER

Name of Merging Company_____ FEIN_____

Name and Address of Surviving or Parent Company_____

FEIN of Surviving or Parent Company_____

E. REQUIRED INFORMATION:

DO NOT REPORT PROPERTY THAT HAS NOT REACHED THE DORMANCY THRESHOLD LISTED IN THE INSTRUCTIONS.

Contact Person_____ Contact Phone_____

Date Chartered_____ FEIN_____ Total # of SD Boxes at this location_____

Number of SD Boxes to report to state_____ NTR (Nothing to Report)_____

F. VERIFICATION I hereby verify, under penalties of perjury, that the facts contained herein are true, in preparing this report the necessary due diligence has been completed, and I am duly authorized to execute this verification by the holder and by law. If made by a partnership this verification shall be executed by a partner, if made by an unincorporated association or private corporation, by an officer, and if made by a public corporation, by its fiscal officer (Section 11(f) of the Act).

Signature (if unsigned, report will be returned)

Date

Print Name & Title of Officer Signing Report

Phone

FOR OFFICE USE ONLY

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